plication or Docket Numb r

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

0 9841388

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL		
TOTAL CLAIMS			19					RATE	FEE]	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			() minus 20=		· Ø			X\$ 9=	-	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		6			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT ,					/		ľ	+135=		OR	+270=		
* If th difference in column 1 is less than zero, enter					r "0 " in c	column 2	L	TOTAL		OR	TOTAL	710	
	CI	LAIMS AS A	MENDED	- PAR	T II						OTHER	·	
	-	(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	'n	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> -</u>	Ī	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	PENDEN	CLAIM		Ī	+135=		OR	+270=		
							L	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		ION.	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH		(Column 3)	Г		ADDI-	1 1	r .	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	Minus +++ SENTATION OF MULTIPLE DEPENDEN				-	Ī	X40=		OR	X80=		
Ĺ	FIRST PRESE	NIATION OF M	JETIPLE DEP	ENDEN	CLAIM		Ī	+135=		OR	+270=		
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	·			-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
MEI	Independent		Minus	***		=		X40=			X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		 			OR			
+135=										OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		imber Pr. viously F mber Previously Pa						_	propriate bo				

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 11252-005 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE **BASIC FEE \$710** (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = OR O (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 710 TOTAL OR TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY** (Column 1) SMALL ENTITY (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY EXTRA FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE (Column 1) ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = OR Independent Minus OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL **RATE** TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.